

Living Ambitions Limited

Living Ambitions Chester

Inspection report

2 The Square,
710, Birchwood Boulevard, Birchwood,
Warrington
WA3 7QY

Date of inspection visit:
06 December 2023

Date of publication:
19 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Living Ambitions Chester provides personal care to young and older adults living in their own homes and supports them to live as independently as possible. The service also supports people who have a learning disability and/or autistic people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection the service was supporting 1 person with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were supported by staff to pursue their interests and achieve individual goals and aspirations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had the support they needed to make decisions following best practice in decision-making.

People accessed specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

Risks to people's health, safety and well-being had been assessed and staff supported people to remain safe. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff spoke respectfully about people and treated them with compassion. Positive relationships had been

developed between staff and people supported. Staff respected people's privacy and dignity.

Staff understood and responded to people's individual needs and worked well with other agencies to ensure they received the right support and were protected from abuse. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care and support plans reflected their range of needs, and this promoted their wellbeing. People and those important to them, were involved in planning their care.

Right Culture

The registered manager and staff team were passionate about creating a culture where people's wishes, needs and rights were at the heart of the service. Care and support records were written in a way that truly showed people's personalised, needs and wishes.

The leadership of the service had worked hard to create a learning culture where the whole organisation, including people using the service, had a role in improving the support people received.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

Robust checks were completed on the service to ensure people received high quality, safe care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service at the previous premises was good, published on 9 August 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

Living Ambitions Chester

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 December 2023 and ended on 5 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This inspection was carried out without a visit to the location's office. We reviewed all records remotely and conducted telephone calls to engage with people and staff.

We reviewed 1 person's care records and medicine administration records. We looked at 4 staff files in relation to recruitment and a range of other records relating to the running of the service.

We spoke with 1 person to gather their views about the service they received and 1 staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since this service changed office location. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's health, safety and well-being had been assessed, monitored and managed effectively.
- Assessments provided clear information regarding people's identified risks. Care plans provided staff with detailed information and guidance to follow to keep people safe from harm.
- Staff demonstrated a clear understanding of how to support people to remain safe.
- Medicines were used and managed safely.
- Staff responsible for the administration of people's medicines had received relevant training. Medicines records provided clear guidance on how to administer people's prescribed medicines.

Staffing and recruitment

- Systems were in place to ensure there were enough suitably skilled staff recruited and deployed to keep people safe.
- People received support from a consistent staff team.
- Relevant pre-employment checks were completed on new applicants to ensure they were suitable for the role they were applying for.
- People were involved in the recruitment process to ensure they were supported by staff who were compatible with them.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people from the risk of abuse.
- There had not been any safeguarding concerns raised since the service had been registered with us. However, the registered manager and staff demonstrated a knowledge and understanding about how to identify and respond to incidents of concern.
- The registered manager and provider had systems in place to learn from accidents and incidents.
- There had only been 1 accident since the service had been registered with us. Information demonstrated appropriate action had been taken.
- We were provided with a range of examples of incidents that had occurred at the provider's other locations where learning had been taken and cascaded to staff.

Preventing and controlling infection

- We were assured the provider was supporting staff to minimise the spread of infection.
- We were assured staff had access to PPE and were using it effectively and safely when required.
- We were assured the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since this service changed office location. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care was delivered in line with standards, guidance and the law.
- Assessments clearly identified people's care and support needs and were reviewed regularly to ensure they remained up-to-date and accurate.
- Staff provided support to people in line with their assessed needs and demonstrated they knew people well and how best to support them.

Staff support: induction, training, skills and experience

- Staff had the relevant training, skills and experience to support people using the service.
- Newly recruited staff received a detailed induction before supporting people and continued to receive training relevant to their role and people's individual needs.
- Staff received regular supervision sessions to enable them to discuss learning objectives and any support needed to carry out their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- Staff had access to information and guidance about how to prepare people's meals in line with their assessed needs and risks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to live healthier lives and worked with other agencies to provide care in line with their needs.
- Staff completed referrals to health and social care professionals in a timely manner when people appeared unwell and in need of support from external agencies.
- People were supported to access health appointments and where relevant, care plans were updated with relevant guidance.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in

their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- No-one using the service was subject to any legal authorisations under the Court of Protection.
- Consent was obtained in line with the principles of the MCA 2005.
- Assessments were completed to determine whether people had capacity to make informed decisions about their care. Where necessary, best interests processes were followed in line with guidance.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since this service changed office location. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated well and supported by a consistent staff team who knew them well.
- It was clear from discussions that people had built trusting relationships with staff and felt comfortable and at ease when being supported.
- Staff were kind and caring and it was evident they had taken time to get to know people.
- We received positive feedback from people about the staff who supported them and the relationships they had developed.
- People were treated with dignity and respect and staff supported and promoted their independence.

Supporting people to express their views and be involved in making decisions about their care

- It was clear from care plans reviewed that people were fully involved in decisions about their care.
- People had a variety of ways in which they could express their views about the care they received and the service as a whole.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since this service changed office location. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care was planned to ensure they were given choice and control and supported in line with their needs and preferences.
- Care plans were person-centred and written in a way that showed people's individual personalities, life histories and how they wanted to be supported.
- Staff had access to detailed information and guidance to ensure people received person-centred care. Care plans were regularly reviewed to ensure the information available to staff was accurate and up-to-date.
- The service was not supporting anyone with end-of-life care. However, the registered manager demonstrated a knowledge and understanding of end-of-life care and how to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's communication needs in line with Accessible Information Standards.
- People's communication needs were considered as part of their assessment and care planning process.
- Communication care plans were person-centred and provided clear guidance around how to support effective communication between people and staff.
- Where necessary, information was available to people in accessible formats, such as easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, avoid isolation and access activities of their choice.
- Care plans provided information about how people liked to spend their time, activities they liked to do and any goals or aspirations they had.
- Staff supported people to follow their own interests, including hobbies and learning new skills. One person told us they had learnt how to do things they never would have been able to do before being supported by the service.

Improving care quality in response to complaints or concerns

- Systems were in place to improve care in response to complaints.
- The service had not received any formal complaints since it was registered with us. However, there were systems to enable the recording and investigation of any complaints made.
- People had access to information and guidance about how to report concerns.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since this service changed office location. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted a positive culture that was person-centred, inclusive and empowering.
- People received personalised care and were supported to achieve good outcomes. One person told us how their life had changed for the better since being supported by the service.
- People were encouraged and supported to be involved in the running of the service. The provider had the role of 'Quality Checker' and 'Our Voice Workshop' to be undertaken by people using the service. This gave people the opportunity to be involved in improvements to the overall service people received.
- Staff enjoyed working for the service and spoke fondly of the people they supported, demonstrating they knew people well.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their individual roles and responsibilities and systems were in place to support continuous learning and improvement.
- The registered manager was knowledgeable and demonstrated a clear understanding of risk and regulatory requirements.
- Staff demonstrated a good level of knowledge and understanding of their role and the needs of the people they supported. They understood what action they needed to take if they had any concerns about people's health or any safeguarding concerns.
- Audits and checks were completed by the registered manager and provider. Where issues were identified, action plans were completed, and tasks delegated to staff to make necessary improvements.

Working in partnership with others

- The service worked in partnership with external agencies to support people to achieve good outcomes.
- Positive feedback had been received from professionals about the working relationships with the service and the quality of care and support people received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to be open and honest when things went

wrong.